



ROSEBUD SIOUX TRIBE

Enrollment Department

P.O. Box 335

Rosebud, S.D. 57570

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Caroline Horse Looking, Director

Darlene Marshall, Administrative Assistant

Leondra Little Thunder, Data Entry Clerk

M. Randi Whipple, Secretary

REQUEST FORM

ENROLLMENT #:RSU _____

I am requesting:

_____ Abstract of Census _____ Pending Letter _____ Application
_____ BIA 4432 Form _____ Verification of Relationship _____ Notary Service
_____ Proof of Decendancy

Name: _____
(Please Print) (Maiden Name)

Current Mailing Address: _____
STREET ADDRESS or PO BOX

TOWN or CITY STATE ZIP

Date of Birth ____/____/____ COMMUNITY: _____
Mo Day Year

List other member's in need:

1. _____ DOB: _____ Enrollment # _____
2. _____ DOB: _____ Enrollment # _____
3. _____ DOB: _____ Enrollment # _____
4. _____ DOB: _____ Enrollment # _____
5. _____ DOB: _____ Enrollment # _____

SIGNATURE _____ DATE _____